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**TRANSMITTAL  
FORM**

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/649,944	
	Filing Date	August 28, 2003	
	First Named Inventor	Ellison	
	Art Unit	1616	
	Examiner Name	J.D. Pak	
Total Number of Pages in This Submission	20	Attorney Docket Number	CP380D

**ENCLOSURES (check all that apply)**

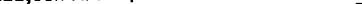
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|--|---|--|
| <input type="checkbox"/> Fee Transmittal Form                            | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> After Allowance Communication to TC                                 |
| <input type="checkbox"/> Fee Attached                                    | <input type="checkbox"/> Licensing-related Papers                                       | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences          |
| <input checked="" type="checkbox"/> Amendment / Reply                    | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)      |
| <input type="checkbox"/> After Final                                     | <input type="checkbox"/> Petition to Convert to a Provisional Application               | <input type="checkbox"/> Proprietary Information   |
| <input type="checkbox"/> Affidavits/declaration(s)                       | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter   |
| <input checked="" type="checkbox"/> Extension of Time Request            | <input type="checkbox"/> Terminal Disclaimer  | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Exhibit A |
| <input type="checkbox"/> Express Abandonment Request                     | <input type="checkbox"/> Request for Refund   |  |
| <input type="checkbox"/> Information Disclosure Statement                | <input type="checkbox"/> CD, Number of CD(s) _____                                      |  |
| <input type="checkbox"/> Certified Copy of Priority Document(s)          | <input type="checkbox"/> Landscape Table on CD  |  |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application  | <b>Remarks</b>  |  |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR1.52 or 1.53 |   |  |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm	Cephalon, Inc.		
Signature			
Printed Name	Christy Cheever		
Date	April 12, 2006	Reg. No.	52,722

**CERTIFICATE OF TRANSMISSION/MAILING**

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Signature		Date	April 12, 2006
Typed or printed name	Maureen K. Fitzpatrick		

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